



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

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August 7, 2009

Russell McCoy, Administrator  
Rulon House  
415 South Arthur  
Pocatello, Idaho 83204

RE: Rulon House, provider #13G020

Dear Mr. McCoy:

This is to advise you of the findings of the Medicaid/Licensure Fire Life Safety Survey, which was concluded at Rulon House, on July 29, 2009.

Enclosed is your copy of a Statement of Deficiencies/Plan of Correction, form CMS-2567, which states that no Medicaid deficiencies were noted at the time of the survey. Also, enclosed is a similar form stating that no State licensure deficiencies were noted at the time of the survey.

Thank you for the courtesies extended to us during our visit. If we can be of any help to you, please call our office at (208)334-6626.

Sincerely,

ERIC MUNDELL, REHS  
Health Facility Surveyor  
Facility Fire Safety and Construction Program

EM/lj

Enclosure

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 08/05/2009  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13G020</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>02</b> B. WING _____		(X3) DATE SURVEY COMPLETED  <b>07/29/2009</b>
NAME OF PROVIDER OR SUPPLIER <b>RULON HOUSE GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2369 RULON POCATELLO, ID 83201</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 000	<p><b>INITIAL COMMENTS</b></p> <p>The facility is a two story, type V(000) residential type building with waived sleeping rooms on both levels. There are ground level exits on each level. It is sprinklered in living areas and closets. There is a complete fire alarm system with full smoke detection coverage. Currently it is licensed for 8 ICF/MR beds.</p> <p>The above facility was found to be in substantial compliance during the annual Fire/Life Safety survey conducted on July 29, 2009. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, Chapter 33, Existing Residential Board &amp; Care Occupancies, Impractical Evacuation Capability and 42 CFR 483.470 (j).</p> <p>The Survey was conducted by:</p> <p>Eric Mundell REHS Health Facility Surveyor Facility Fire/Life Safety and Construction Program</p>	K 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13G020</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>02</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/29/2009</b>
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M 000	<p>16.03.11 Initial Comments</p> <p>The facility is a two story, type V(000) residential type building with waived sleeping rooms on both levels. There are ground level exits on each level. It is sprinklered in living areas and closets. There is a complete fire alarm system with full smoke detection coverage. Currently it is licensed for 8 ICF/MR beds.</p> <p>The above facility was found to be in substantial compliance during the annual Fire/Life Safety survey conducted on July 29, 2009. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, Chapter 33, Existing Residential Board &amp; Care Occupancies, Impractical Evacuation Capability and IDAPA 16.03.11 Rules Governing Intermediate Facilities for the Mentally Retarded.</p> <p>The Survey was conducted by:</p> <p>Eric Mundell REHS Health Facility Surveyor Facility Fire/Life Safety and Construction Program</p>	M 000		

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